OMB No. 0938-0850

Nebraska Senior Health Insurance Information Program (SHIIP) Client Contact Form

Counselor Name:

Counseling Location Zip Code:

__ __ __ __ __

Type of Client/Assistance Requested by: (check all that apply)

- ❑ Beneficiary (self)
- ❑ Couple
- ❑ Caregiver (family member, conservator)
- ❑ Agency

How Did Client Learn About the SHIIP: (check only one)

- ❑ CMS (1-800-Medicare, www.medicare.gov, Medicare & You, CMS mailing)
- ❑ Presentation/Event
- ❑ State-Specific Mailings/Brochures
- ❑ Agency (senior center, medical office, Social Security)
- ❑ Friend/Relative
- ❑ Media (PSA, ad, newspaper, radio)
- ❑ Other: _____

Date of Contact:

__ __ / __ __ / __ __ __ __
month / day / year

Is this his/her first contact with the SHIIP since April 1, 2008?

❑ Yes ❑ No

Type of Contact: (check only one)

- ❑ Quick Call (<10 min)
- ❑ Telephone
- ❑ In-Person (site)
- ❑ In-Person (home visit)
- ❑ E-mail/Fax/Postal Mail

Total Time Spent:

_____ **hours** _____ **minutes**

SECTION 1 – BENEFICIARY INFORMATION

Beneficiary Name:

_____ _____
First Last

Beneficiary Zip Code:

__ __ __ __ __

Representative Name (if applicable):

_____ _____
First Last

Beneficiary Telephone #:

(__ __ __) __ __ __ - __ __ __ __

SECTION 2 – BENEFICIARY DEMOGRAPHICS (you are required to complete this entire section)

Age:

Date of Birth: __ __ / __ __ / __ __ __ __ **OR**
month / day / year

- ❑ under 65 years
- ❑ 65 – 74
- ❑ 75 – 84
- ❑ 85 or older

Gender:

- ❑ Female
- ❑ Male

Disabled:

- ❑ Yes
- ❑ No

Monthly Income for 2008:

- ❑ Over 150% of FPL
  (more than $1,320 for an individual; more than $1,770 for a couple)
- ❑ Below 150% of FPL
  (less than $1,320 for an individual; less than $1,770 for a couple)

Race/Ethnicity:

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Hispanic or Latino
- ❑ Native Hawaiian or other Pacific Islander
- ❑ White, Not of Hispanic Origin
- ❑ Other: _____

SECTION 3 – TOPICS DISCUSSED (check all that apply)

Prescription Assistance:

Medicare Prescription Drug Coverage (PDP/MA-PD):

- ❑ Plan Eligibility, Benefit Comparisons
- ❑ Low-Income Assistance - Eligibility, Benefit Comparisons
- ❑ Enrollment/Application Assistance
- ❑ Claims/Billing
- ❑ Appeals/Quality of Care/Complaints

Other Sources of Prescription Drug Coverage/Assistance:

- ❑ Union/Employer Plan
- ❑ Manufacturer's Assistance Program
- ❑ Discount Plans
- ❑ Other (VA, TRICARE, etc.):

_____

Medicare (Parts A and B):

- ❑ Enrollment, Eligibility, Benefits
- ❑ Claims/Billing
- ❑ Appeals/Quality of Care/Complaints

Medicare Advantage:

- ❑ Enrollment, Disenrollment, Eligibility, Comparisons
- ❑ Plan or Benefit Changes
- ❑ Claims/Billing
- ❑ Appeals/Quality of Care/Complaints

Medicaid (enrollment, eligibility, benefits):

- ❑ QMB/SLMB/QI
- ❑ Other Medicaid

Medigap/Supplement/SELECT:

- ❑ Enrollment, Eligibility, Comparisons
- ❑ Change Coverage
- ❑ Claims/Appeals

Other:

- ❑ Long-Term Care
- ❑ Fraud and Abuse
- ❑ Military Health Benefits
- ❑ Employer Health Plan or Federal Employee Health Benefits Program
- ❑ Customer Service Issues
- ❑ **DMD** (Dual Eligible* with a Mental Disability)
- ❑ Other (**Prevention**, **Online Tools, CHIP, COBRA**):

_____

**Person with both Medicare & Medicaid*